

Australia Update



INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES

NYU Cardiovascular Clinical Research Center

December 2015

Screening Tips

- Ask imaging physicians to contact you if there is an eligible patient
- Post a pre-screening log in the stress lab for staff to fill in daily
- Go to the stress lab every day and read reports to find cases
- Ask the imaging attending to inform referring physicians about the trial when notifying them about results showing moderate or severe ischemia

Once a patient is identified...

- Call the referring physician and ask for permission to contact the patient
- Site staff must not contact prescreened patients directly (unless they provide care to that patient)

Reminder! Active sites should submit screening logs the first Monday of every month by email (ischemia@nyumc.org) or fax (+1-646-754-9621). Include all patients with at least moderate ischemia. Please remember to not use any patient identifiers such as initials and date of birth.

Country Leader

Professor Joseph Selvanayagam

CRA SAHMRI Clinical Research Deirdre Murphy

ISCHEMIA-CKD Country Lead Nephrologist

Dr. Majid Fahim

ISCHEMIA

Clinical Coordinating Center

http://ischemiatrial.org Email: ischemia@nyumc.org Phone: +1-212-263-4225 Fax: +1-646-754-9621

ISCHEMIA CCC Regional Team

Veronica Rowland Gia Cobb Michelle Yee

Toll-Free Help Line Australia: 1800027430

Message from your Country Leader

I look forward to continued support from all Australian sites on this very important trial which has already become the LARGEST randomized controlled strategy trial ever conducted in patients with stable ischemic heart disease, exceeding BARI 2D and COURAGE. Please continue to promote ISCHEMIA main trial and ISCHEMIA-CKD when you speak with referring physicians and give grand rounds (slide set can be provided). We are currently in the process of activating two new sites in Australia for both the main trial and CKD.

Please intensify statin therapy with atorvastatin or rosuvastatin for all participants to the maximally tolerated dose. Consider using dual antiplatelet therapy in all participants as long as the bleeding risk is not prohibitive. For participants assigned to the invasive strategy, caths should be performed as soon as possible after randomization to maximize compliance with the protocol.

-Professor Selvanayagam

Congratulations and Happy Holidays!

As of **November 30**, there are **2427** participants randomized in ISCHEMIA and **157** participants randomized in ISCHEMIA-CKD.

John Hunter Hospital (PI Dr. Suku Thambar and SC Melissa Chaplin) recently became lead site in the Tri-State region.



Joanna Sudak and Amanda Coburn).

Congratulations to Australia's lead recruiter **Flinders Medical Center** (Pl Dr. Joseph Majo and SC Lora Papa)!

Enrolling Sites in Australia				
Site Name	Non Invasive PI	Interventional PI	Study Coordinator(s)	Randomized
Royal Perth Hospital, Perth	Graham Hillis	Carl Schultz	Michelle Bonner	2
John Hunter Hospital, New Lambton Heights		Suku Thambar	Melissa Chaplin	4
Austin Health, Heidelberg	Piyush Srivastava	Mark Horrigan	Michelle Ord	0
Flinders Medical Centre, Bedford Park	Joseph Majo Joseph Selvanayagam	Ajay Sinhal	Lora Papa	12
Queen Elizabeth Hospital, Woodville South	John Beltrame John Horowitz	Sharmalar Rajendran	Jeanette Stansborough Marilyn Black Joanne McIntyre	2